graduate courses so that every physician will have some practical knowledge of this branch. As a result scientific progress in the as yet little known field of anesthesia will be assured, and the surgeon will more readily procure the better anesthetic service to which he is entitled.

Our desire?

The endorsement by our State Medical Society of this effort to limit the *regular* practice of anesthesia to licensed physicians and dentists.

ELEANOR SEYMOUR, M. D.,
Secretary Southern California Society of Anesthetists, and Vice-Pres. American Association Anesthetists.

Los Angeles, May 12, 1920.

Discussion opened by Dr. Mary E. Botsford, San Francisco. Discussed by Drs. Wm. Duffield, Los Angeles, Clarence Moore, Los Angeles, David Hadden, Oakland, George Piness, Los Angeles, C. P. Thomas, Los Angeles, Lt. Col. Grubb, Los Angeles, T. J. Cox, Sacramento, Stanley Stillman, San Francisco, O. O. Witherbee, Los Angeles and Dr. A. B. Cooke of Los Angeles.

SOME RECOLLECTIONS AND OPHTHALMOLOGIC OBSERVATIONS FROM SERVICE IN THE A. E. F. IN FRANCE.*

By VARD H. HULEN, A. M., M. D., F. A. C. S.,
Berkeley, California.
(Recently of San Francisco)

As only a few members of this section had service in the A. E. F., some observations based on my experiences "over there" may be of more interest to you than a scientific effort limited to fifteen minutes, and a discussion of my deductions may be of some practical use even now.

The goal of every medical man who early volunteered his services was naturally France, so that when directed in September, 1918, to join B. H. 104, then almost completely organized at Camp Dodge, Iowa, destined for overseas service, I was relieved from the suspense of having waited nearly six months for overseas orders.

Our organization consisted of 36 Commissioned Officers and about 250 men in the medical detachment. The staff of nurses joined us on the other side.

Suppressed excitement universally prevailed while feverish preparations were rushed for the final order to entrain. Reducing our personal baggage to the required weight and still retaining the necessary equipment for overseas service was the source of much anxiety and amusing demands upon the steelyard loaned by the neighboring Y. M. C. A. house. We expected to be away two or three years at least.

The journey east was a dream of elegance—compartment cars for officers, tourist sleepers for the detachment with plenty of good food in our mess-kits. After numerous soul-harrowing experiences at Camp Upton, L. I., from orders and counter orders, our organization finally got under way. Every officer and man weighted down with full field equipment on his back, marching in silence, a pitch dark night, in a driving rain to the train to carry us to the dock. But our spirits were bright and our hopes for service soared. After sitting in the cold cars for hours thoroughly soaked and without food some of us were apprehensive about passing the "rigid and last" physical examination awaiting us just before stepping on the boat. I was in mortal terror that the little sore throat I had developed during that awful night, the only time I had sign of any illness, would at the very minute of attaining my goal, end my chances. But as the examination consisted only of taking my temperature I stepped aboard the magnificent "S. S. Mauretania," a member of the A. E. F. This was our last experience with elegance, or comfort.

Our ship packed to the guards with all kinds of military organizations, officers of high rank of the Allied Forces, titled officials and statesmen, stole out of her berth and promptly headed for the "unknown port of destination." Accompanying us were four racing torpedo destroyers, air-

The "Mauretania" was such a fast craft she planes crossed and recrossed overhead, with observation balloons about, we were thrilled to the very bone.

did not travel in a convoy. The military discipline and requirements maintained so rigidly, the constant wearing of the grotesque life-preservers, the rules of no exposed lights, not a match or cigarette on deck, the constant lookout for submarines kept us in awed mindfulness of our serious mission.

In less than six days Liverpool received us with numerous bands and flying colors most touching. Here we first learned of the serious food conditions in England from American women war-workers who appealed for our uneaten stale sandwiches. A restful march through the streets of Liverpool to the train, a moonlight journey landed us at Winchester at 2:30 a. m. A long hike through the beautiful country and up a high hill brought us to the first unrestful "rest camp" with its vermin-infested bunks and poor food. Crossing the channel in a tub we marched for many weary miles to what seemed to us then the limit in rest camps for human beings. We slept on solid board shelves in tiers with only thin ragged damp blankets as bed and cover, no fires, no bathing facilities, undreamed "sanitation." For toilet purposes we waited in rain and wind-swept sheds, balancing on a muchly-used common galvanized bucket with a standing-room only audience, surely would make constipation and hemorrhoids the rule in such "rest camps." The Y. M. C. A. here furnished good food to officers for which we gladly paid top-notch prices. Such did we officers experience; as for the men——. Thus did our Government provide for its loyal sons arriving for duty in France.

Marching again at night our B. H. then entrained at La Havre with an artillery organization and started on a three-days' journey to Bordeaux, before the war made in eight to ten hours. The officers occupied old flat-wheeled, third-class day coaches, while our detachment boys worn to

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a frazzle packed forty in number to each ordinary stock car. I marveled at their lightheartedness when they mooed and bleated in excellent imitation of the animals whose transportation they were using. And thus we bumped along to the American quarters at Beau Desert ("Beautiful Desert"). Anyone who was at Beau Desert knows that a "desert" need not be a dry country.

The hospital organizations already located in Center No. 2 shared with us their bountiful messes, and warm shower baths which soon made us fit. Rapidly we took possession of the hospital space allotted and at once received our share, 1500 or more, of the arriving sick and wounded. Our professional service in France had begun.

Six base hospitals similar in organization to our own composed Hospital Center No. 2; surrounding us were several camps of other branches of the service, an extensive convalescent camp adjoined, sunken apparently in two feet of soupy mud. Also in our Center were two large camps of German prisoners of war, and several foreign labor camps, mostly Chinese. These supplied us with material also. It was said that this Center was planned, when completed, to care for 60,000 patients, and ultimately could be expanded to 100,000 should the war continue.

From the General Headquarters of the Center the arriving convoys of "sick and wounded" were apportioned to the different base hospitals. A plan to centralize certain classes of cases was successfully carried out. All the contagious cases, for instance, were sent to 106, all orthopedic patients to 14, all facio-maxillary cases to 22, etc. Our hospital got the unenviable opportunity of caring for all sick and wounded commissioned officers, and the enviable opportunity of the convoyed eye and ear, nose and throat patients our addition to general assignments.

The Center patients usually came in convoys of two, three or more long trains of the beautiful Red Cross hospital cars. Their arrival, usually on rainy nights, was heralded by long blasts of the peculiar shrill whistles of the foreign locomotive, at the sound of which everyone was expected to go to his ward or post of duty "toot sweet." The patients were carried from the cars on stretchers by our detachment men, or if able walked to the receiving office. Never were any sheds provided them as shelter from the constant rain and cold, and only later were even landing platforms laid to keep them out of the ever-present mud, though at our door were millions of feet of suitable lumber going to waste and plenty of idle labor in our camp. This was just one of the innumerable instances of the folly of having to wait for orders to filter through "military channels" for perfectly evident necessities. All patients had envelopes pinned to their clothing in which were their field cards, wound tags and other available records. On the face of these envelopes was recorded the major diagnosis of the case. A quick glance at them by our receiving officer and his assistants gave the information necessary to distribute the patients to their proper wards. First ambulant patients were stripped in bath rooms and searched with flashlights for "cooties." The eye and ear, nose and throat patients were assigned to the same wards; the latter cases handled by Captain L. Shields, and the eye cases were in my care. The clinics, however, for these were separate.

In our Center the Eye Clinics for all base hospitals, excepting one, were consolidated, so that in the "Central Eye Clinic" three Majors, a Captain and a Lieutenant worked harmoniously together. This, I believe, was an advantage to the patients and by such an arrangement every eye man was enabled to get the benefit of examining all the important and interesting cases coming to the entire Center. We had on duty also in this clinic a Sergeant, mainly for refraction and optical work, a Corporal for clerical routine, and a special eye nurse (female). We had morning, afternoon and evening hours, thus many patients were treated in the eye clinic three times a day to reduce the ward work. Our facilities were primitive but well arranged and our equipment most complete. All we could ask for even at home, but an ophthalmometer; for instance, four kinds of eye magnets in our operating room. Thanks are due largely to the Red Cross centering their efforts at Milwaukee for our splendid equipment. The service given our department by the Laboratory was exceptional, as was our X-ray and localization work.

My observations were made in the Bordeaux district, excepting for a view soon after signing the armistice of the battle fields and their environs—Chateau Thierry, Rheims, the Argonne, St. Mihiel and Verdun, and a "peek in" at Paris.

In the observation of the wounded I was first impressed by the large number of our patients who arrived with one eye already enucleated. The eye retained was often more or less injured, but personally I saw not more than two or three who had hopelessly lost the sight of both eyes. It is likely so many primary enucleations had been done because of the naturally extensive globe wounds received in battle; or the eyes contained non-magnetic foreign bodies impracticable to remove, therefore immediate enucleation was the means to safeguard the other eye. Too, it was evident that additional mutilations would demand subsequent facial plastic work. But our orders were to do no operations not at once urgently required, this in face of the fact that some of the wounded remained in our wards for many weeks.

Amongst the battle-scarred patients I noted many conspicuous mutilations from mule kicks. Evidently "No Man's Land" had nothing in terrors on the mule pens.

Instructions to implant glass balls after our eviscerations were general, but I am not yet favorable to this procedure.

The most interesting new traumatisms to me were those caused by gas. Even mildly gassed eyes seemed never ending as regards photophobia and blepharospasm, profuse lachrymation and extreme hyperemia, these symptoms frequently continuing for weeks and months in the absence of explanatory lesions. Aside from these numberless gassed eyes, and by order the use of antitetanic

serum after all our surgical procedures, as well as after all other traumatisms, the uniqueness of our experiences as ophthalmic workers was more in the number and extensiveness of the wounds than in their novelty.

There offered an unlimited field for observing congenital anomalies and diseases. I could never understand how these very evident eye defects, such as extensive syphilitic lesions, retinitis pigmentosa, colobomas, polar cataracts, corneal leucomas, squint, amblyopia, exceptionally large errors of refraction, etc., could be found so numerously in overseas service when our instructions at Camp Dodge were to exclude those with far less important visual disturbances examined for the A. E. F. These inexcusable errors cost the American people large sums and entailed undeserved hardships and dangers to the unfit men.

The idea of sending complete optical equipments over with certain base hospitals was an inspiration. Their aid in restoring quickly a useless soldier without his glasses to a valuable one was great. But when the stock of lenses could not be kept up and supplies sent out were unreasonably slow in reaching their destination, the optical department became an aggravation; and when a few blue artificial eyes for the left side remained to those who had lost brown right eyes it became a grim joke.

One of the great advantages on the other side, after the cessation of hostilities and reduction of hospital work, was the opportunity to attend special clinics in military hospitals of enormous material in England and elsewhere, and the three weeks' courses in the eye clinics of Paris given by Morax, Sebileau and Lemaitre. We at Beau Desert, only a few minutes from Bordeaux, had the good fortune to see at all times the wonderful plastic and other eye work of Prof. Lagrange with his limitless material in the French Military Hospitals in Bordeaux, as well as his own large University Clinic. His courtesy and kindness to American oculists were proverbial. Time does not now permit me to more than allude to his prodigal use of rib cartilage in plastic eye work, and to his original operations for making, both primarily and secondarily, a floor to support a prothesis. These operations are now described in the literature.

In my conclusions the first suggestion towards helpfulness in the event of future emergencies of war, would be that eye surgeons of experience be held to professional work and not subject to administrative duties. Some of our widely known ophthalmologists did not treat an eye patient in months of their service. I do not refer to those of our specialty in the office of the Surgeon-General who rendered such splendid executive service there and elsewhere during the war.

Secondly, skilled specialists should be kept always in their exclusive fields; this for the good of the wounded. I know on one occasion that the ear consultant was operating on an injured eye while near by the ophthalmic chief was operating on an ear case. I was fortunate to be assigned to eye duties alone.

Thirdly, mature specialists should be sent to the scene of activity without delay. I learned over there of the need for competent additional eye service at the time some of us were training in "paper work" in home camps.

Fourth, complete recognition of the usual specialties in medicine by the military authorities and the fullest use of them as specialties in war conditions even close up to the battle line I believe practical. The endeavor to make "any man work anywhere, at any time"—that is inexcusable extravagance of man material, though it may be cheaply obtained.

Fifth, it is my conviction that the ophthalmic surgeon in active military service should be as independent of the chief of the surgical, or any other, section as he is independent in private practice. Ophthalmology cannot successfully be made a sub to war surgery nor should it be regarded as minor surgery. It, as well as orthopedic or brain surgery, should be an entirely separate department with direct responsibility clear back to its individual head in the Surgeon-General's office. This belief I hold regardless of my invariably pleasant experiences with all surgical chiefs under whom I served from start to finish of my military career.

Sixth, a medical man should not be commissioned until it is known that in addition to technical skill he is honest and has common sense, he should then be permitted the unhampered use in a reasonable way of his abilities. This until he has been proven untrustworthy. A valuable medical officer taken out of civil practice may be ruined by a fruitless effort to make him a part of a military machine.

Seventh, medical officers should be reasonably trained physically and mentally for hardships, but their military service should not be a constant test of endurance nor useless deprivations of common decencies. To plan for inexpensive personal comforts need not take the soldier out of a man.

Eighth, long distance control of eye patients not the best. Let the local men with their consultants decide the movement of the individual sick and wounded. If found to act unwisely, replace the local chief with a man of better judgment.

Ninth, the system of consultants in the various departments as developed in the A. E. F. was in my observation the acme of success. My last service in France was ophthalmic consultant for Hospital Center No. 2 and the Bordeaux district. When full use is made of this system the capability of each worker is manifested. Efficiency and facilities may be constantly developed until all patients have expert medical and surgical attention. By this system the inexperienced may safely do their assigned work, those of the greatest skill and ability render full and invaluable service, at the same time attain the utmost professional and personal success and recognition.

Some day a similar system in civil practice may be advocated to work out an approach to idealism in the practice of medicine—a much to be desired accomplishment.

Berkeley Bank Building.